



Attachment #5

DATE

Memorandum - (SAMPLE)

To: EMPLOYEE

From: EVALUATING SUPERVISOR

Subject: PERFORMANCE EVALUATION REVIEW

This is to inform you that you have the right to request a performance evaluation review if you received a rating of “**Did Not Meet Expectations**” on the “Overall Rating for Job & Individual Responsibilities” or on the “Overall Rating for Terms & Conditions” on your Performance Management Form and you believe that the rating is arbitrary, capricious, or not reflective of your overall performance. You have five (5) work days from receipt of your copy of the performance evaluation to submit a written request for a review to the designated Reviewing Official listed below:

NAME/TITLE
ORGANIZATIONAL UNIT
ADDRESS
CITY, STATE, ZIP

The Reviewing Official, upon receipt of your request, will review the performance evaluation and any supporting documentation and may meet with you and/or me, if deemed appropriate. Within fifteen (15) work days of receipt of your request, the Reviewing Official will issue a written response to either uphold the performance evaluation rating or direct that the evaluation be revised.

The decision rendered by the designated Reviewing Official is final. Issues concerning the performance management system are not grievable or appealable to the State Personnel Board.

cc: Appropriate files
Appropriate Individuals